

MEDICAL MISSIONARY

MAY-JUNE 1953

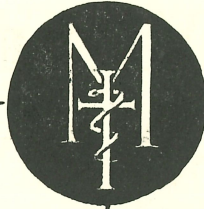


The Medical Missionary

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Sister M. Angelica, Editor
Sister M. Sarah, Art Editor

THE MEDICAL MISSION SISTERS

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training, native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

Missions

Africa, India, Indonesia, Pakistan, South America, Southern United States.

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Motherhouse and Novitiate—8400 Pine Road, Fox Chase, Philadelphia 11, Pa.

House of Studies—6th and Buchanan Sts., N. E., Washington 17, D. C.

House of Postulate—4374 Grant Rd., Mountain View, Cal.

Catholic Colored Clinic — 348 Forrest Ave., N. E., Atlanta, Ga.

Catholic Maternity Institute—417 E. Palace Ave., Santa Fe, N. M.

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YOUR WILL

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of \$..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

Our Cover—is a reproduction of the "Good Samaritan" by Angela Trindade of Bombay. The artist painted it to symbolize the work of the Medical Mission Sisters in India.



THIS SPLENDID SEASON

Sr. M. Gerard, S.C.M.M.

*Lord, in this splendid season
When all the things that grow
Extend their arms and show
The world Your Love.
Shall the free wills of men alone
Bide in their January ice
And keep the stubborn winter
Of their fruitlessness?
(from *Figures for an Apocalypse*)*

THESE lines of Thomas Merton have a marvellous missionary import. He wrote them "for the Sacred Heart" whose feast we celebrate in June. This month, its trees and vines laden with first-fruits, its full-blown roses, is for the poet, nature's best reminder of another kind of richness: the love of the Sacred Heart which pours itself out in "streams of mercy and grace" upon the whole world. This "splendid season" is a wonderful sign in the order of nature of the "loads of bounty" given to the Christian in the order of grace.

But notice how suddenly the poet takes us from this June-warmness to January-ice. He jars us, pulls us up short by the sharp

contrast between "all the things that grow" and the "stubborn winter" of those who as yet do not recognize the Heart whose love is the source of all this life, of all this growth. He speaks of their fruitlessness in counter-distinction to all the wealth which is at the Christian's disposal in that inexhaustible treasury of the Sacred Heart of Jesus. He longs "to show the world Your Love . . .", to have others share in the fructifying warmth of the Heart of Christ.

This is precisely how all Christians ought to feel about those lands where Christ is not yet known, and consequently, where men still "bide in their January ice". The Christian never keeps his warmth to himself. His vocation demands that he melts the hearts of others by the Christ-love burning in his own heart. He must be eager, like all the growing things of this "splendid season", to extend his arms out to others, and by that gesture of generosity, to win them to Christ, "to show the world Your Love. . . ."

Our Lord Himself seemed very fond of expressing His Mission in

terms of growing things: "the kingdom of God is like a mustard-seed . . . a Sower went out to sow his seed . . . unless the grain of wheat falling into the ground, die . . .". In this, He was following the favorite image of the Jewish tradition which always spoke of the Kingdom of God as one abounding in "corn and wine and oil", of being fruitful and fat with the good things of the earth. Saint Paul, too, following Christ, spoke of his missionary labors in similar terms: "Ego plantavi . . . I *planted* . . ." And today, Father Pierre Charles, S.J., has defined the purpose of missionary activity as a work of *planting* the Church in those lands where she has not as yet been established.

Such imagery may teach the Christian many things about his obligation toward the missionary endeavors of His Church. He must help with the planting. No matter how little he may know about farming, he knows that planting anything involves a lot of hard work, especially in soil where "stubborn winter" still prevails. The "hard ground" of ignorance, superstition, and unbelief must be broken and then harrowed before it is ready to receive the seed. This takes infinite patience and a great deal of love. And if he himself cannot go out to those countless acres waiting still to be sowed, he ought to feel it a duty and privilege to support, by his prayers and

by his alms, those who do.

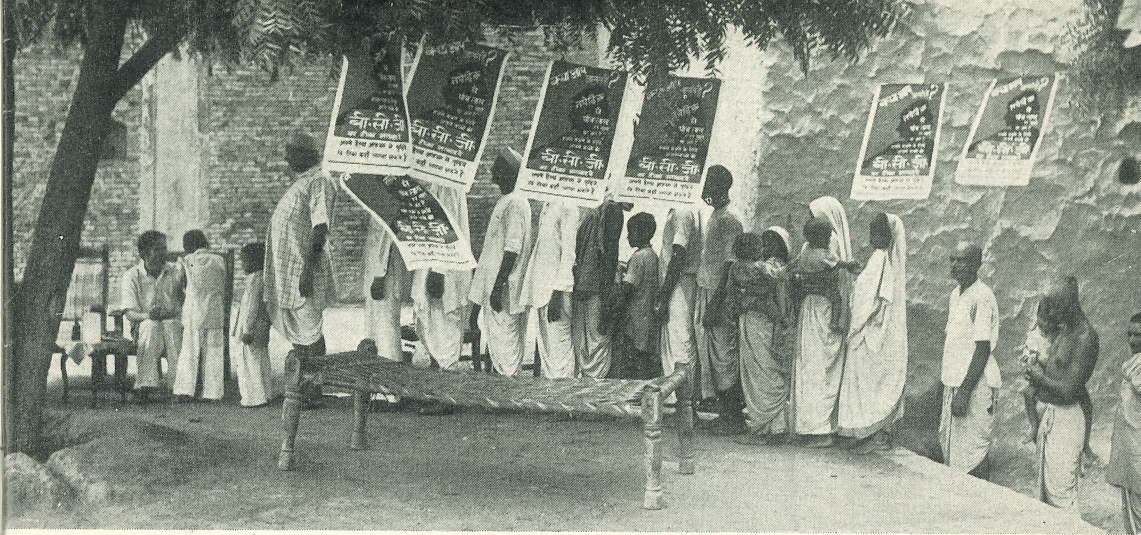
And the Harvest? Many, both the missionaries and those who support them, never see the results of their labors and sacrifices. Think of the many Priests and Sisters now expelled from China. They worked hard and long, and in many instances, just as the seed was taking root, the work of a lifetime was seemingly uprooted by a Communist "Peoples Court". Even our own Sisters, do not often see the tangible results of their medical work. Yet the ground is made daily more ready for the seed, and the "biding ice" melts more each day under the warmth of Christian charity. The "growing" has in many ways already begun.

Just when June, the "splendid season", the fruitfulness of Christ's reign of love will come fully to the mission lands, is still God's secret. He alone gives the increase. But in the meantime, we have our part to play. We have been told very simply to "Go . . . to go everywhere (not just where we will 'get results') . . . to prepare the ground for planting . . . to cast the seed generously, unstintingly, without counting the cost.

And the day will come for us all when the wheat will be gathered into the Father's barn, and we will taste the supreme joy of the harvesters who "going . . . went and wept, casting their seeds, but now come with joyfulness carrying their sheaves. . . ."

In his final word to his flock, Archbishop Vachon of Ottawa said:

"Even till the last second of my life I wish that every beat of my heart be an act of love for the Sacred Heart of Jesus and the Immaculate Heart of Mary, that my every breath be an act of adoration of the Most Holy Trinity and that my dying sigh be in some way the synthesis of my life consecrated to His service."



WHO/UNICEF Anti-T.B. Campaign, India. "Bring Your Children For Inoculation." (WHO Photo)

FIGHTING THE GOOD FIGHT

Sr. M. Elise, M.D.

IT takes a lot of courage and perseverance to be a good patient especially when one has tuberculosis. This disease is one of the greatest scourges of India today. There is no single method of dealing with tuberculosis. Every patient must be studied, watched, and treated as an individual problem. This is even more necessary in India, for there the extent of the lesion when first diagnosed, the general health of the patient, his economic condition, his emotional response to the disease, vary even more widely than in America.

Hardly a day goes by that we do not pick up a fresh case of tuberculosis among our dispensary patients in Patna's Holy Family Hospital. Some are far-advanced, but most of them are relatively recent in onset. That does not mean that they have minimal lesions. Tuberculosis works rapid havoc in these delicate, undernourished people, whose resistance is low, whose poverty and ignorance of the disease make prompt and proper treatment difficult and unlikely.

Our usual policy is to offer hos-

pitalization. During smallpox and cholera epidemics our isolation wards are filled, and then we may have to refuse these poor tuberculosis patients, which is often heart-breaking. It is true that tuberculosis can be cured at home . . . but not in India. "Home" in most instances, means one or two dark, airless rooms and a tiny courtyard, all cluttered up with charpoys, clothes, pots and pans, chickens, goats, and children. To talk about rest, good food, fresh air, and nursing care would be sheer irony. Even among the well-to-do, home is not the best place for the first stage of the treatment. Strict bed-rest, adequate feeding, and regular medication are hard enough to enforce in the hospital!

Moreover, each patient requires patient study and observation. The chest X-ray will show the state of the lungs, but only repeated examinations will disclose the patient's general condition. This includes not only the physical but the psychological make-up. Those who start fussing and complaining before the first week is up, are not

likely to stick out the long months of treatment they really need. If the family is indifferent or uncooperative, the prognosis is likewise poor.

The new drugs, streptomycin, PAS (para-amino-salicylic acid) and others, have added immeasurably to our armamentarium. They were a Godsend to India. Percentage-wise, many more acute and rapidly spreading types of tuberculosis are found in India than in the Western world, and those are just the ones who benefit most by streptomycin. Ordinarily, almost every tuberculosis patient in our hospital deserves a try at these drugs, and most of them respond wonderfully well. In some cases, such as tuberculous pneumonia patients, the response is really dramatic. But that prompt and early gain may also be dangerous. They may want to get out of bed, and even return home and go back to work. As a matter of fact, the treatment has only begun. Prolonged rest is still the backbone of tuberculosis treatment.

That is why we usually plan on some form of collapse therapy almost from the beginning. Some may get better without it, but the majority will need something beside bedrest and drugs. Artificial pneumothorax (introducing air between the chest wall and the lung) is not as popular now as it was some twenty years ago, but it is still useful in India. Ordinarily it is indicated only in unilateral lesions, preferably in those with cavities in the upper part of the lung. We do not start this treatment until the acute symptoms have subsided, for if it is given too early it may cause the formation of fluid in the chest, which is annoying and often delays recovery. Pneumothorax must be continued for many months and even years.

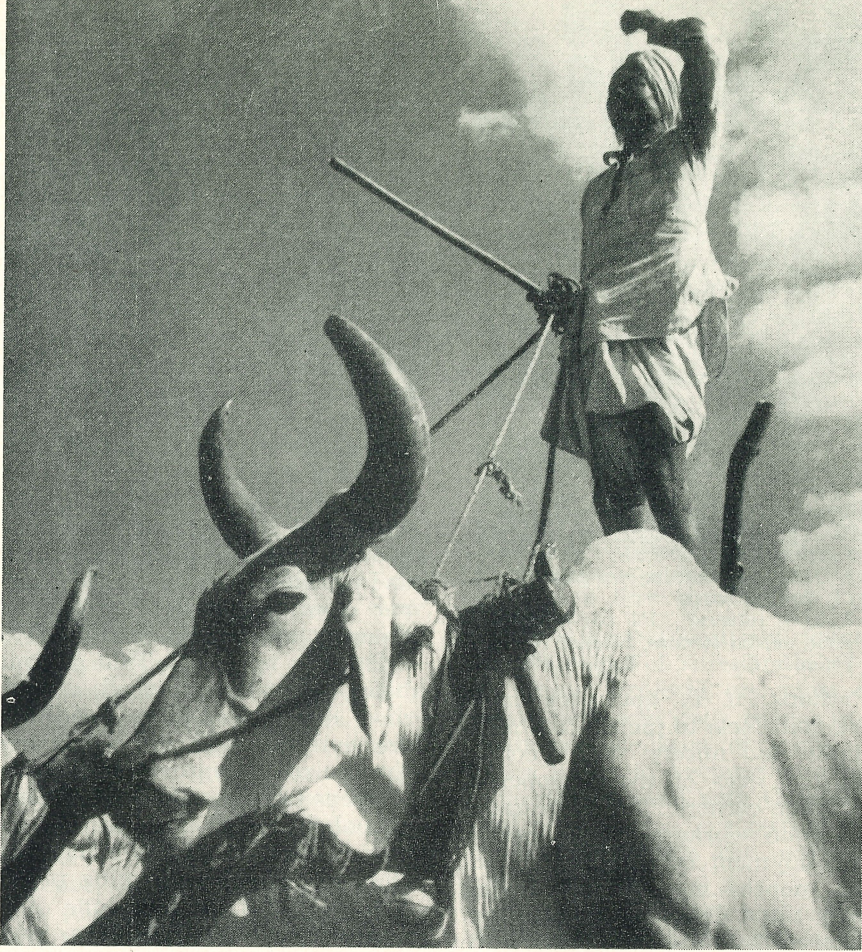
Once the disease is well controlled, the patient can go home and return to the out-patient department for refills. One man even travelled twenty miles to the hospital every two weeks on an elephant.

If pneumothorax is impossible or unsuccessful and if the cavity is in the base of the lung, there may be still much benefit from putting the diaphragm at rest.

Even if all these means fail, there still remains the operation of thorocoplasty, cutting out the ribs on one side of the chest, and thus putting the lung at rest permanently. This is not without danger in our frail Indian patients, but with proper selection, preparation and after-care, quite a few have gone through this operation in our hospital, with permanent benefit. Anesthesia is rather a problem, as we do not have the machinery of inhalation and endotracheal intubation, but a combination of intravenous pentothal and local anesthesia has been found fairly satisfactory.

There was Ram Nath, for instance. He had been treated for many months, and still that cavity in the right upper lobe was not closed. He was beginning to fret to go home, as the rice fields needed him. We did a two-stage thorocoplasty on him and he made a perfect recovery. The last we heard from him, he had had a good harvest, and was feeling fine!

There are still over 500,000 deaths from tuberculosis a year in India, which means a minimum of 2½ million cases throughout the country. Barely 10,000 beds are available for all these, so even if we can help only a few, it will be worth our while. Helping the tuberculosis victims to fight the good fight has its own rewards, both in time and in eternity.



Back from the fields as the rain clouds gather.

—Govt. of India Photo

Social Justice in the Indian Village

Rev. Cyril Clump, S.J., Indian Institute of Social Order, Poona

OURS is a country of villages," remarked the Development Officer working in the Baruipur district, a few miles south of Calcutta, and he quickly added, "Unless our rural problems are solved and our villages are made more prosperous, India will always remain a backward country and a prey to unrest." The truth of the Officer's observation may be easily estimated when we remember that, according to the most recent fig-

ures, nearly 82.5 per cent of the population live in rural areas, and that out of these nearly 38 millions are as property-less wage earners.

It does not take one long to realize the vicious circle in which rural rehabilitation is caught. The average India peasant is undernourished and a prey to disease because he is ever on the borderline of starvation, and he is poor because sickness and ill health sap his energy and so reduce his abil-

ity to work hard. The following table made up by the Welfare Officer in December, 1951, during a survey of a group of villages in Southern India gives a typical picture of the economic condition of the ordinary, landless farm worker in India:

Name and Village	N. N.
Occupation	Coolie
Daily wages	seers of rice
Family members fit for manual labor	5
Annual family income	nil
Property owned	2 huts
Original debt	Rupees 1218
No. of creditors	14
Purpose of loans	To buy clothing, cattle; to pay off former loans
Rate of interest ..	1% per month
Amt. repaid to date, Rupees	2052
Balance due	Rupees 2084

Perhaps, it is not easy from these cold facts to picture the deep distress and misery which conditions the lives of these propertyless wage-earners. Such peasants are casual workers, whose period of employment is limited to about eight months in the year during which time they hire themselves out to work in the fields. They are unskilled and so are useful for only "coolie labour" which embraces odd jobs in the land such as moving earth, cutting wood and so on. All their possessions amount to two mud huts which afford them no shelter from the inclemency of the weather, and in which unsanitary conditions render these dwellings most unhealthy. Wages are paid in kind, and they never suffice to give the worker even one substantial meal a day or to clothe and provide himself with the ordinary amenities of life.

Therefore, dire necessity drives him to do the most obvious thing, borrow money.

This is the starting point of the tragedy of rural indebtedness which undermines the economic

vitality of so large a section of Indian labour. Creditors and money lenders are only too ready to oblige. They know that the return of the loan will have to be paid for by personal service and labor! The status of the bond slave is fixed when the unfortunate worker executes a bond, and thus completes the enslavement. Writing on the subject of rural indebtedness, *Rural India*, March 1952, says "Such hereditary slaves still exist with a burden of debts, going back to five generations with one to five cottahs of bad land (about eighty square yards) often given to them, and earning an anna or 2½ cents per diem, which he forfeits when there is no work in the field."

But this is not all. That a human being is undernourished, and denied decent conditions of living, are evils enough; but when even the *desire of improvement and self improvement* are killed in the individual through long continued sub-human conditions of living, then the evil assumes alarming proportions. This is, perhaps, one of the most serious social problems which social workers have to contend with in the country.

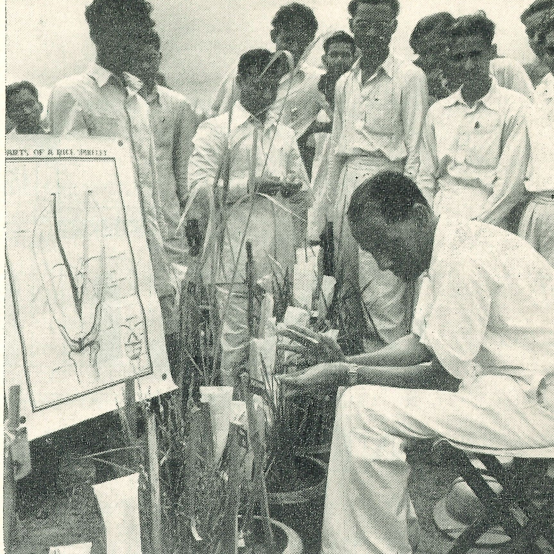
A hand-to-mouth mode of life leaves no room for the exercise of the virtue of thrift. Hard work assumes no importance in the life of the average landless worker; and few would deny him the truth of his argument, which he puts thus: "What is the use of working hard when the fruits of my labour are never enjoyed by me?"

Today, industrial labour in India is drawn largely from her villages. The better paid workers stream into the larger cities and towns, and those of the lower income group, the landless agricultural workers, the coolies and the rural misfits crowd into the slums and hovels they build near their place

of employment. Thus the habits and ways of living in the village and rural areas are imported into the city. In fact, there is a growing conviction that the civic and social problems of the Indian city may, to a large extent, be solved in the rural areas.

For the Catholic it is obvious that no solution can be found as long as social justice is not a reality in rural India, because, as Pope Pius XI says, in his encyclical *Atheistic Communism*, "Social Justice cannot be said to have been satisfied as long as working men are denied a wage that will enable them to secure proper sustenance for themselves and their families; so long as they are denied the opportunity of acquiring a modest fortune and avoiding that pauperism which is so widespread; so long as they cannot make suitable provision through public or private insurance for old age, for periods of illness and unemployment."

Hence, great expectations have been placed in the all-comprehensive, multi-purpose rural development schemes known as Community Development Projects whose purpose is to raise the standard of living in rural areas. With foreign aid, chiefly in every Indian State, definite areas have been selected for development, and these serve as pilot projects for the country. Every aspect of rural life, agriculture, education, health, etc., has been taken into account in the planning of these projects.



Food Agriculture Organization (FAO) of the U.N. conducts a Rice Hybridization Project in India.

While the material and technical development of rural India offered by these Projects are most welcome, few will deny that a purely materialistic basis of social progress is not in keeping with man's true dignity, and with Catholic social principles . . . a purely materialistic approach can only spell disaster.

We need men and women, Christian Social Workers, in every department of life to plan and advance material prosperity according to the law of God; to demonstrate in the concrete, in the economic, medical and social field that not only is God's law fully compatible with true social progress, but that there can be no progress worthy of its name, unless God's law is respected and vindicated in every field of human activity.

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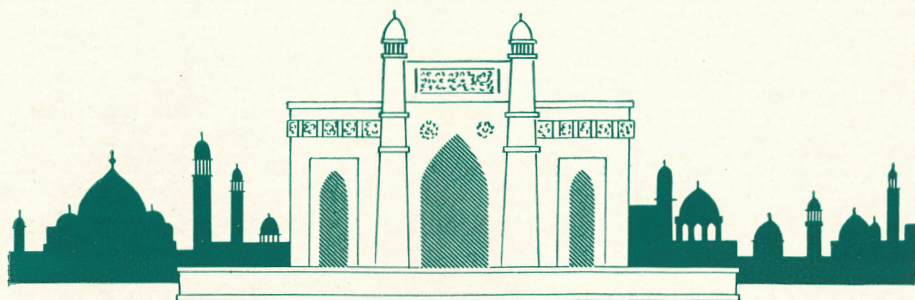
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NEW CARDINAL IN BOMBAY

Sr. M. Richard, S.C.M.M.

SR. XAVIER and I attended the Bombay celebrations honoring India's first Cardinal. The full two-days' program began with the feeding of the poor, a traditional custom in India when anyone takes over an office or receives some public recognition or honor. The Cardinal assisted by about twenty-five Bishops blessed and distributed food to more than 1,500 poor persons. The Cardinal spoke to the people about his youth in a poor family.

The following day between 10,000 and 15,000 were present for the Pontifical High Mass held on the grounds of St. Mary's High School. Thirty-five Bishops from all parts of India attended the Mass, coming in one by one to take their places. Lastly, the Cardinal entered, preceded by a score of handsomely dressed altar boys whose actions and timing were perfect. A magnificent scene—the Cardinal in his scarlet robes and white ermine, the Bishops and altar boys in red silk, the priests in white.

I must not forget to tell you about the huge ciborium. It was the size of (with all respect) a dishpan! I have never seen such an immense ciborium. After the Hosts were consecrated, they were

placed in smaller ciboria as the large one could never be carried. The Cardinal and five priests distributed Holy Communion, but nearly everyone preferred to receive Our Lord from the Cardinal's hands. They crowded to his side and the other priests just stood there waiting, while the Cardinal continued distributing until there were no more to go.

The morning ceremony belonged to the Catholics, but the evening ceremony belonged to all. We were told that 99% of the invitations sent out went to non-Christians. Sister and I set out early for Cooperage, the public stadium in Bombay, and found the platform highly decorated with the Cardinal's Coat of Arms and his motto, "Fraternitatis Amorem," "In Brotherly Love," most prominent. During the function, government and city officials were seated amid the Bishops, with the Governor of Bombay presiding. About ten officials spoke in turn, each pointing out personal qualities and virtues of His Eminence. One, a Mr. Modi, quite an active politician and former governor, began by saying that he himself was a living proof that the Catholic Church is most tolerant: "They invited a hardened sinner

like myself, to speak at such a function!" Then he added: "And everybody knows I have just come from the races!" The Cardinal enjoyed his remarks immensely and applauded enthusiastically.

Lastly, the Cardinal himself rose to speak. To find himself suddenly a matter of international interest was, he said, like a dream. He told of his mother who had been illiterate and a day laborer. Little did she dream when she gave him to God as a priest, that he would be raised to such a dignity. He asked pardon for the reference to his mother but said that everyone would understand that a boy's best friend is still his mother. His mother is not living but it is said that the Cardinal always expresses gratitude to her and always keeps a picture of her on his desk. He said the tribute to his mother was a tribute to all Indian mothers.

I quote the following: "A tribute to an individual Indian mother is a tribute to noble and sanctified womanhood — the priceless treasure of our society, the glory of our civilization. It is out of a mother's suffering and self-sacrifice that will come the resurrection of modern society. She has a power for good which is a pearl of great price, more precious than rubies or diamonds, more necessary to the world than the water

that quenches thirst or the wind that blows away tainted air. Seek ye first to safeguard the dignity and sacredness of womanhood, and the right measure in our politics, economics, international policies, national schemes, etc., will be added unto us."

Those words have such significance here. I think of all the things one is struck by when one first comes to India, the condition of women is most remarkable. The sight of their hardships could really make you cry.

But I had better get back to the Cardinal. He declared that if India was proud of him, he was prouder of India, and ended by thanking the Bishops who had come from all parts of the country for this occasion. Calling attention to his motto, "In Brotherly Love," he promised that in the future as in the past, he would deal with all men irrespective of class, creed, or nationality on the principle. "I am a debtor to all and desire to be all things to all men."

When he left, as when he had arrived, two Sikh regiments dressed in leopard skins played drums and bagpipes and performed tricks. One couldn't help but wonder to see so many thousands in a non-Christian country doing their utmost to honor a Prince of the Church, one of their own, and as all of the speakers had unanimously agreed, their friend.

New Delhi, the capital of India, is surrounded by the ruins of seven former empires.

90% of India's people live in villages.





Indrani Rahman, recently crowned "Miss India" performs the Bharatnatyam, an old traditional dance.

India Dance

Sister M. C.

Indian dancing is made up of features relating to religion, mythology, art, environment and foreign conquests.

The sagas of yore regarded the dance as very pleasing to the gods — a most acceptable offering to them. Men have specialized in the dance as much as if not more than women. From the professional dancer down to the poorest village woman, there is an ingrained aptitude for expression in dance — it may be religious, political, or just plain joy at family get-togethers.

One interesting dance is the egg dance of Bhopal. The dancer whirls rapidly, carrying on her head a wheel to which pieces of string, each with a



Enchanting dance by women of Rajasthan.



ce Festival

arol, R.N.

slipknot, are tied. Into these the dancer, still twirling, must jerk an egg. As the dance becomes more frenzied, more eggs are launched into the twirling circle. After some moments the dancer, still gyrating on her toes, removes the eggs one by one, gracefully and without mishap.

Recently at the Folk Dance Festival, New Delhi, during Republic Week, each performance attracted nearly 30,000 people — an indication of the love they have for dancing. Dance after dance depicted various tales in the life of Lord Krishna. Many tribes and villages were represented, each showing forth their own artistic customs and traditions.

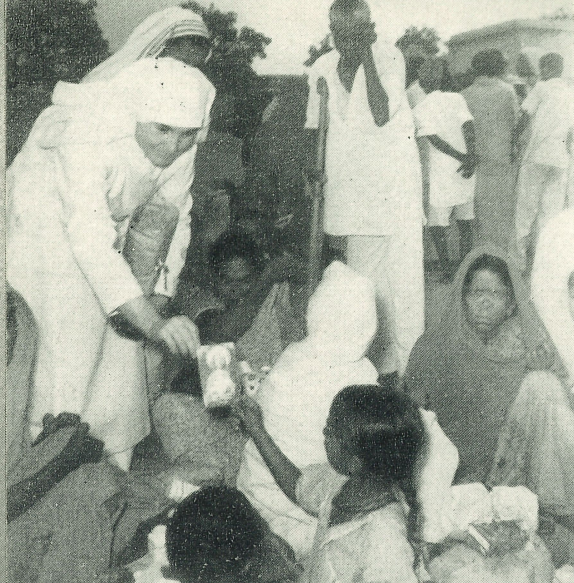
Tradition governs each step; simplicity marks the Rajputana dance.

Girls from the Saurashtra tribe.



Assamese Naga dancer, unrivalled in savage beauty.





A child of leprous parents accepts a holy card.

VISIT TO A LEPER CAMP

Sr. M. Brigetta, R.N.

EVERY year the St. Patrick's Catholic Leper Committee makes an annual visit to the leper camp of Mango Pir, a small village near Karachi. Sr. Dolores and I went with this year's group.

Our trip to the camp was wonderful. The desert land begins immediately on leaving the outskirts of Karachi. One sees only cactus trees, a few hills, sand and more sand. At times herds of cattle, goats, and camel caravans break the monotony. A big problem here must be water.

The patients, seated at attention on the ground in a semi-circle near the main building, waited eagerly for us and welcomed us with cheers. What a spectacle to behold! Glancing at the crowd, one could observe the disease in its various stages: the far-advanced cases, some almost "cured" and some with the disease in its earliest stages. I was faced with the stigma marks of the disease for the first time. Yet the patients seemed to be resigned to their cross in life.

The woman in the burkha has a badly disfigured face and hides it from view.

Of the 180 patients, only 15 were Catholic. Both the young and the old were afflicted with the dread disease. Later we discovered that parents with the disease would not part with their children—they were too illiterate to understand that the disease is transmitted by direct contact.

In a short while the gifts were distributed. Everyone received a gift of food and clothing. The visitors distributed the gifts and each patient came up to receive his. Some were partially blind or had no fingers or toes. These were led up by the others to receive their gifts. One could sense the gratefulness in their hearts—each made some gesture of a thank-you, by bowing his head or murmuring "Mihrbani." Then tea was served.



Some of the patients were too ill to attend the party so Sister and I went to visit one dear old Catholic lady in her hut. She was unable to walk because she had no toes, no fingers, only stumps, and she was partially blind. I gave her a picture of Our Lady, a Sacred Heart medal and other holy pictures which she grasped with the remaining stumps devoutly.

We then visited other Catholic patients, giving them the small presents we had brought. We began with the women and children, but the men, as soon as they noticed the holy cards with silver borders, came to ask for some also. Soon all the patients were surrounding me and my supply disappeared quickly. All I had left was the tin "golden" box in which I had brought the articles. An elderly man, simply and in a child-like manner asked me for the box and I was delighted to give it to him. How happy he was when I said, "Yes."

The next item on the program was a short skit put on by three men to show us their appreciation. The costumes were outlandish but all did their parts well and the Muslim doctor in charge of the camp kept watching them like a real father. He was beaming all over and seemed very pleased with their performance. To see this doctor take such keen interest in the general welfare of his patients was most edifying. He lives there at the camp and is cut off from society along with his patients.

Then a young lad gave an excellent talk, thanking all members present for all the Catholic Leper Committee has done in the past years. No other organization or committee in Karachi visits them.

Sister and I then visited the Catholic chapel in the camp. Christmas decorations were still

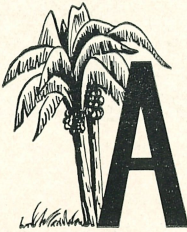


Sister visits very ill patient in her hut.

up and what a feeling of "Yuletide" we sensed as we entered the door. The Blessed Sacrament is not reserved as Mass is offered but once a month. Every day the sacristan gathers the Catholics to recite the Rosary and other special prayers. How Our Lord must love to listen to them! The sacristan seemed very proud of the chapel, although it was only about fifteen feet square. Everything in it had been made by the patients themselves and was neat and clean. Even the candlesticks were made of cardboard and silver paper. The Stations, too, were made of a wooden cross with any picture of Our Lord on it and the Grotto of Our Lady had been made of mud and then whitewashed. How they must have enjoyed making all of these things! It is certainly unique and really a lovely place to raise your mind and heart to God. Certainly a great faith and love for the Maker of all things burns brightly in the hearts of the patients at Mango Pir.

HOLY FAMILY 'BUSH' HOSPITAL

Sr. M. Raphael, B.S. Pharm.



ALL THE people are very pleased with the new little hospital. Aside from the emergency surgery, Doctor has many requests from people who have needed surgery for many years—hernias, cysts, tumors, etc. In fact we have to curtail their enthusiasm. When we first came, the popular plea was for a “pompee” (injection). Now when the relatives bring in a very sick patient, they tell us he needs an operation, even before he can be examined! Such a contrast to India, where fear and prejudice had to be overcome.

Last week a young woman who was diagnosed as an ectopic pregnancy was advised surgery — and there was not much time for the family to decide. They hesitated in giving their consent; they were afraid, had never heard about surgery. Immediately, from all corners of the ward came indignant voices of the patients: “What were they afraid of? Why, I had this operation! I almost died before I came here. Hadn’t they heard how good we are? Etc.” The family capitulated immediately.

There is hardly a day there is not one, sometimes three major operations. Last Sunday evening, just as the doctor was finishing an emergency Caesarian section, a patient with an acute intestinal obstruction was admitted which also had to be done that night. The next day two more obstructed labors needing surgery. The following day, three ectopics in a row. All had been admitted the previous night or morning and were in shock from blood loss. Besides all this we have many medical and fracture patients, and a morning clinic which averages 250 a day.

Running through the list of hospital procedures, the number of fractures to which were applied casts is interesting. When we first came we were told: “Oh, the people will not leave plaster casts on. They prefer the native treatment.” And what we saw confirmed it. Fracture cases very seldom went on to hospital when we referred them. One or two that did go to the Government Hospital, removed the casts at home after about a week. The native treatment is part medical, part superstition. The native doctor splints the fractured limb with twigs and sticks and



Mame said she needed an operation.



Student-nurse Martha arrived first.

vines. And does quite a good job if they would leave it at that. But the next step is less scientific. He kills a chicken, breaks the leg bone and buries it. After a week or so it is dug up. If it appears to be growing together, or set, that means the patient's fracture is also mended, so off come the splints. Result: much pain and deformity from walking on broken limbs improperly mended.

However, all of our cases—contrary to the Ashante aversion for the “long time no walk” cure of the white man — have stayed in hospital and kept the cast on. Reason: they are willing to stay because the hospital is absolutely the most interesting place in the whole district. They see so much, get so much attention, and are thoroughly entertained. Everyone kept his cast on except one young lad who whittled away at his body cast until there was not much left around the waist. Came time to remove the cast, he had facilitated matters immensely. (N.B. The native treatment must be applied within a week. If we keep them in hospital about two weeks, they are not so apt to remove the cast when they go home. Therefore wrist and arm fractures are kept in from ten days to two weeks, whereas normally they could go home much

sooner. Leg fractures stay longer.

Our new student nurses are eager as postulants — and just about as green. They come from all over the colony, and among the seven of them there are five different tribes represented. Once word got out we were opening a training school we had scores of applicants, and Sr. Camillus sent out forms to all who wrote. The first to reply was a young Coast girl, Martha. She landed here one night, bag and baggage (most of it on her head) with application form in hand. She had come up, escorted by her father, on the two-day trip from the coast. It never occurred to her to wait until her application was “accepted.” The second arrival, Sr. M. Camillus found in the sterilizing room, chatting with the doctors. When Sister asked who she was, Doctor said, with great surprise, “Why, she is one of the new girls to go into training. Don’t you know her?” Monica had simply “arrived,” thinking the application form was an invitation. Luckily the girls were both suitable and promising. They have been with us now for over a year and are very good. They are able to scrub as second assistant for major surgery which is good considering how very “bush” they still are.

medical mission Chits



From
KARACHI
MANDAR
RAWALPINDI
POONA
DACCA
PATNA

KARACHI

Our sweepers are Hindus. I do enjoy them and it is fascinating to see them perform their duties. They wear jewelry around the ankles, rings on their toes, a jewel in their nose, besides necklace, and rings piercing the ears, not only on the lobe but right around the top. It is their custom and really the jewelry is their "bank." All the money they have they put into silver or gold jewelry. It is an old custom which some of the Moslems follow too. One sees exquisite jewelry worn by the shabbiest dressed person.

Sr. M. Brigetta, R.N.

MANDAR

We have forty-six nurses, of whom seven are graduates (three of them want to enter a religious community), thirty-eight are students, one is a practical nurse. Our first group for the final nursing examination will be ready in April. Last October we sent five for their first nursing exam: four for the English Exam and one for the Hindi. The English students (they are all Indian but I mean those who took the exam in English) came out first, second, fourteenth and twenty-fourth in the whole province! The one for the Hindi exam came out fourth in the province. I needn't say that we were very pleased with them!

—Sr. Ignatius Marie

RAWALPINDI

In Urdu, the word for tomorrow and yesterday is the same—also the word for the day before yesterday and the day after tomorrow — it all depends on whether your sentence is in the past or future tense. The people all have a little difficulty when they translate these words into English. A few days ago a man came to the desk for admission. I asked if he had seen the doctor. "Yes, I saw him the day after tomorrow."

Another came looking for a young girl, a typhoid patient who had died the evening before. This was our conversation: "I am looking for a young girl, admitted here tomorrow."

"Oh, yes, she was in Room 134. She died yesterday."

—Sr. M. Christopher

POONA

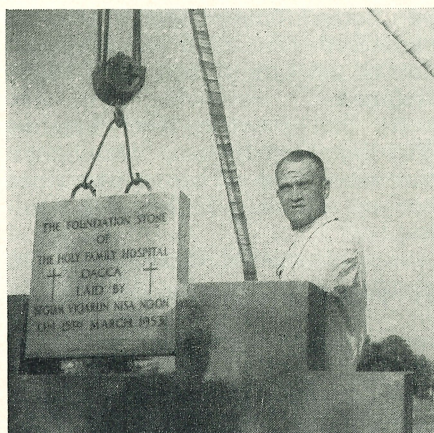
Sometimes amusing things happen. The other day I went to pay our electric bill at the Poona Electric Supply Company. There was a very long line of men, all anxious to pay their bills. Naturally I walked to the end of the line. Then the men got all excited: "You should not stand in line," some said.

"Well," I said, "everyone has to await their turn."

"No, no, Sister," they answered, "in this country, ladies come first!"

Then they laughed at their own joke. So I did not have to wait at all.

—Sr. M. Henrietta



Rev. A. Weber, C.S.C. raises the stone.

GREAT DAY IN DACCA

Sr. M. Benedict, M.D.

It was a beautiful day on March 15th when we laid the cornerstone of the new Holy Family Hospital in Dacca, East Pakistan.

There were seven on the platform: Begum Viqarun Nisa Noon, wife of the Governor of East Bengal, in the center; His Grace, Most Rev. Lawrence Graner, C.S.C., Archbishop of Dacca, on her right; and the Honorable Mr. Nural Amin, Prime Minister of E. Pakistan on her left; and the Rev. A. Weber, C.S.C., Mr. R. McConnell, the architect, Sr. Margaret Mary, and myself.

We were specially blessed with public address systems that day. Father Weber had arranged with the U. K. Electrical Shop in Dacca and the Government had assumed that we would know that they were sending their amplifiers! It looked as if we were doing some major broadcasting.

In the Archbishop's opening address, His Grace stated how gratifying it was to know that while hospitals have been opened by the Medical Mission Sisters in India, Africa, Indonesia, and South America, Pakistan already has three hospitals owned and man-

aged by these Sisters; the laying of the cornerstone in Dacca set in operation the building of the fourth.

The Prime Minister gave the principal address. In citing the need for the new hospital, he commented: "The incidence of infant mortality in this Province is very high, reaching 76,895 in 1951 while the number of deaths from child-birth totalled 5,945 in the same period. "Government alone," said Mr. Nurul Amin, "can not handle the difficult problem of public health. In a province inhabited by



The Archbishop, center; Sr. Benedict and Begum Viqarun Nisa Noon.

forty-two millions we have only 2,500 qualified medical practitioners and a total of 4,663 beds in hospitals. Even if there were a hundred times as many doctors and beds, the problem would not be solved fully."

He also mentioned that this new Holy Family Hospital is regarded as a precious gift and token of good will towards the people of Bengal.

Lady Noon spoke last and then performed the laying of the stone. The actual spreading of the mortar was done by her with a sterling silver trowel. It is the custom to give the trowel to her as a souvenir. It had a beautifully engraved design on the top and on the under side was engraved, "Laying of the Foundation Stone of Holy Family Hospital, Dacca, by H. E. Begum Noon on March 15th, 1953."

After the ceremony, tea was served. It lasted about an hour and then all dispersed. There were about 70 priests, Sisters, and Brothers present and about 500 guests, including Ministers and Secretaries of the Provincial Government, the District Magistrate of Dacca and his wife, the Commissioner of Dacca and his wife and everybody of note medically in Dacca.

—Sr. M. Benedict, M.D.

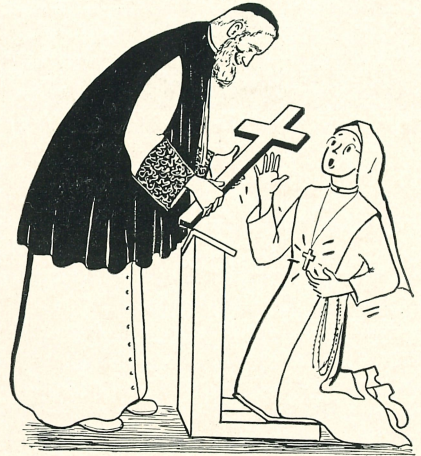
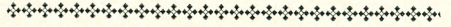
PATNA

On the way back to the chart desk I saw a typhoid patient who for several days had a temperature of 104° — sometimes more, never less. She was standing straight up in bed and I thought to myself, that one is delirious, and hurried in hoping to reach her before she fell. What did I see but one of my little nurses casually making the bed. To myself I said, "Keep calm"; to the patient, "Lie down!"; to the nurse, "What are

you doing? This patient is on complete bed rest! You know she is not to get out of bed for a linen change."

At this juncture the fledgling Nightingale twittered, "But Sister, she wasn't out of bed, I just stood her up in the middle for a minute..."

—Sr. M. Thaddeus, R. N.



One is Enough!

POONA PROFESSION

IT'S WAY past time to send you a little Poona news and report on our ceremony here. The two postulants received the habit. I made final Profession.

Our Bishop came for the ceremonies, early as usual, but we were prepared. He gave a short, simple but beautiful sermon wherein he compared the wealth of the people of the world with the wealth of these "two, three." He kept repeating the phrase, "these two, three." He told us how fortunate we were to be chosen out of so many. Standing on our altar step in miter and with his staff, he fairly filled the chapel with his "bishop-ness."

After His Excellency asked the

postulants what they desired, he began to say Mass. Sister Xavier jumped up and told him it was time to question me. "Not now," he said, "not now, Sister." But when Sister insisted and gave him her ceremony book he looked about the chapel and then turned to me and said, "You." I nodded and he proceeded with the questions. With only two postulants to dress, we did not hear much of "In Exitu." Sr. M. Celine and Sr. Rose Clare both look very much at home in their habits.

All went well until the last blessing. You will recall that there is a special blessing for the Sisters professed. The Bishop turned to the wrong page and then whispered loudly to Fr. Schoch, S.J. who was assisting him, "Where is the crucifix?" Father in turn motioned for me to get a crucifix. We have a highly-indulgenced crucifix that rests on the top shelf of the bookcase which separates the parlor from the chapel so I hastened to get it. It must have missed the general housecleaning, for it was dusty. Giving it to Father I thought that perhaps the Bishop would bless us with that crucifix as retreat masters do. Then he asked Father if it were blessed. Father looked at me and I nodded vigorously thinking of all the indulgenced blessings it had. The Bishop apparently consulted his book again, then said, "Is this the right crucifix?" and then sprinkled it well with Holy Water. Turning to me he motioned for me to come to the altar step. "Now," I thought, "I will get the blessing." Instead,

to my amazement, the Bishop held out the crucifix to me and said: "Receive, my daughter . . ." I didn't hear anymore. I motioned to Father Schoch showing him my crucifix and saying, "I have one!" Undaunted, the Bishop continued to read the prayers and I left the altar with two crosses! It all happened so quickly that Sister Henrietta, busy with the Te Deum, didn't see it, and Sister Xavier had left the chapel not knowing that there was to be a bestowal.

After breakfast and the Bishop's departure, Fr. Schoch teased me about my unwillingness to accept the Cross of Christ.

Sr. M. Richard



Be mindful
O LORD of
Thy servants
who have gone
before us
with the sign of Faith†

Archbishop Moses E. Kiley, D.D.,
Milwaukee, Wis.
Rev. David A. Coughlin, Buffalo, N. Y.
Dr. Samuel Carpenter, Phila., Pa.
Mrs. Anna Davis, Pittsburgh, Pa.
Mary and Charles Des Neages,
Holbrook, Mass.
Mr. John Gray, Phila., Pa.
Mr. Walter Harley, Dublin
(Brother of Sr. M. Ann, S.C.M.M.)
Mr. Hugh Kinchley, K.S.G., Georgia
Mr. John Lynch, Richmond Hill, N. Y.
Miss Mary C. Manion, Liberty, N. Y.
Miss Joanna Meutz, Pittsburgh, Pa.
Mrs. Louis E. Miller, Rock Island, Del.
Mr. Jeremiah J. Moynihan,
Jamaica Plain, Mass.
Mr. Anthony O'Donnell, South Ozone, N. Y.
Mrs. Ursula Rische, Ogdensburg, N. Y.
Mrs. Mary Reis, Chicago, Ill.
Mr. Donald Smith, Chicago, Ill.

The faith of men of good will and of those who labor in the missions must remain unshakable, because He Who fights for us is greater than our adversaries, and the Divine Promises cannot be untrue.

Pius XII—To Mission Leaders, April, 1953

GO, HEAL THE SICK

THE MEDICAL MISSION WORLD



MEDICAL MISSION FIRSTS

India's first Catholic hospital was born in the midst of the pangs of hunger of the famine of 1886. The Sisters of the Good Shepherd had a school for poor Indian girls in Bangalore. To it the mission priests sent the children of adult victims of the famine. For the duration of the catastrophe, the House of the Good Shepherd served as a hospital. In addition the Sisters offered to take over the government buildings where the starving had become victims of the selfish greed of those in charge. So well did the Sisters perform these services, that the government made a grant for a permanent hospital. It is known today as St. Martha's Hospital, where the procession of patients includes every faith and race.

The first days of the Good Shepherd Convent of Mysore were brightened by a link with the medical mission apostolate. The pioneers of that foundation were living in great poverty when word arrived that the Maharajah requested the services of the Sister with nursing knowledge for his daughter. Soon his officer appeared at the door with an elephant to convey Sister to the Rani's bedside. Her illness, the Sister discovered, was a simple bronchitis within her nursing experience. Under Sister's care, the young Rani soon recovered.

When Sister went to report the success of her efforts and to take her leave of the Maharajah, he himself conducted her to the door.

There a brilliant cortege of gaily groomed elephants waited to carry the Sister to her convent. Trumpets and cymbals announced to the passersby that this Sister had performed a signal service to the family of the Maharajah. Upon arrival at the mud convent with its palm-branch roof, the principal guard presented Sister with two beautiful caskets. One contained the title deeds of a large property on which to build their convent, and the other contained 20,000 rupees with which to begin construction. Thus the work of the Good Shepherd Sisters for the poor girls of Mysore became firmly established because of a work of mercy.

Good Shepherd Review
Autumn 1952

BUYING MIRACLES FOR SANTALS

A letter from the Reverend Thaddeus Mudry, T. O. R. in Bhagal Pur District, India inspired patients at Carville, La. to start a medical mission project "for sulfones for Santals" suffering from Hansen's Disease.

Father Mudry estimates there are 5,000 people in his mission with the disease. They are poor people, who earn their living by begging and have no medical care.

Carville's patients collected \$150.00, enough to buy sulfones for 200 patients for one year. They plan to continue their project for fellow-sufferers from Hansen's Disease at least until these 200 cases are arrested.

The Star, Dec., 1952



BOOK REVIEW



Ways of Confucius and Of Christ
by Dom Pierre Celestin Lou Tseng
Tsiang, O.S.B. London — Burns,
Oates. 140 pp.

THE WAYS OF CONFUCIUS AND OF CHRIST is an account at once too long and too short, of the memories and reflections of Lou Tsen Tsiang, Chinese statesman and diplomat, now Dom Pierre Celestin's own story of how, in the ways of Divine Providence, the spirit of Confucianism led him to see the evident superiority of Christianity and at length to embrace the Catholic Faith as his own; and later on, at the age of fifty-six, to assume the habit of the sons of St. Benedict and to become a "priest forever."

"My conversion is not a conversion," writes the author, "it is a vocation. God led me and called me . . . and I obeyed."

Throughout the book the reader is struck by this man's consciousness, not only of his own vocation, but of the Christian vocation of his country. Dom Celestin, in his seventies, has concerned himself with the Apostolate and his own personal duty as a monk, a priest, a *Chinese Christian* in somehow helping to bring to fruition the seeds of the Christian life planted in his beloved China.

In a marvelous chapter on this subject, Dom Celestin expresses in truly sincere and simple words, his ideas on the possible future of the Church in the Far East. Most interesting and enlightening are his views on the use of the vernacular in the Church's liturgy.

The language of this people is by itself the language of a third of all mankind. We are told, "In Chinese a man writes what the eye sees; in those which use alphabets, a man writes what the mouth pronounces." Could there be a difference more complete!

So it is Dom Celestin's conviction, that unless the Catholic liturgy is able to adopt the Chinese literary language—at least in her singing and in the prayers and readings that the priest and people recite aloud—"the sacrifice of the Mass, the Divine Office, the liturgy of the Sacraments . . . all will remain an absolutely closed book for the yellow race. The people of the Far East cannot become acquainted with it and therefore can feel no need of it nor conceive a desire for it. . . ."

Dom Celestin continues, "The introduction of the Chinese language into the Catholic liturgy appears as the leading feature of that revival of apostolic methods which calls with such insistence for our prayer and meditation, our study and our action."

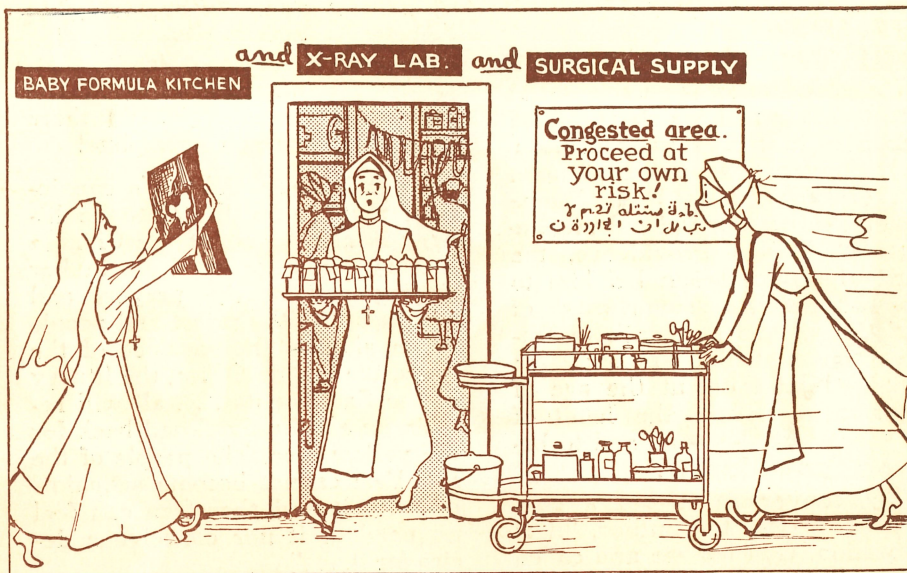
In leaving Dom Pierre Celestin we cannot help but share most intimately in his fervent and invincible hope that some day we all will be ONE, united "not within the walls of a tower of Babel, but in the bright light of the sun, on the high (and the green) pastures, under the incomparable crozier of the Good Shepherd."

—Sr. M. Brendan, S.C.M.M.

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Pvt. R.A. Froehlich, U.S. 52111063
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 Johnstown, Pa.

10-53



GOING MY WAY?

Dear St. Joseph:

It's a hot bed of activity that Room No. 1! It's only about 9x12 feet square but it sure is Holy Family Hospital's "three-in-one" headache — with X-rays, sterilizing of supplies, making baby formulas, all going on in the same room. To tell you a secret, St. Joseph, there's so little space, only thin nurses are assigned to duty there. And there's only one-way traffic.

Please, St. Joseph, tell your friends about this and ask them to continue sending donations "our way" so that soon we can have the "three-in-one" changed into three separate ROOMS in the new Holy Family Hospital.

Persistently yours,

MOTHER ANNA DENGEL, M. D.

Dear Mother Dengel:

Here is my donation "coming your way" for more room in the new Holy Family Hospital. \$

Name

Address

City Zone State